Healthy Lifestyle Fitness Camp
June 21st, 2010- July 30th, 2010*
9:00am-2:30pm Monday-Friday

Ted C. Wills Community Center
770 N. San Pablo Ave. Fresno, CA 93728
Phone: (559) 621-6737 Fax: (559) 488-1557

Registration Form:

Camper's Name: _____ Today's Date: _____

Prefers to be called: _____ Gender _____

Birth Date: ____/____/_____ Age at camp: _____

Address_____

City, State, Zip: _____

Which Camp Location do you prefer? (Circle One)

Ted C. Wills Community Center
770 N. San Pablo Ave.

OR

Holmes Neighborhood Center
212 S. First Street

1. Who is the Parent/Guardian/Caregiver of this child?
Mother/Guardian's Name:_____
Phone: Home (____)_____; Cell (____)_____;
Other(____)_____

Father/Guardian's Name:_____
Phone: Home (____)_____; Cell (____)_____;
Other(____)_____

2. Who has legal custody of this child?
_____

3. I authorize the following person(s) to be contacted and give my permission to turn my child over to this person(s) in case of an emergency and I cannot be reached:
Name: _____ Relationship to child:_____
Phone: Home (____)_____; Cell (____)_____;
Other(____)_____

4. Who are your child's doctors?
Primary Care Provider's Name:
_____

Address:
_____
City, State, Zip:
_____
Phone: (____)_____ Emergency Phone: (____)_____
Fax:(____)_____

5. Does your child have any drug, latex, or other allergies (e.g. bee stings)? **Yes** **No**
If yes, please list allergies and describe the typical reactions and how they are treated:
_____
_____
_____

6. Does your child have any food allergies (e.g. peanuts, milk)? **Yes** **No**
If yes, please list allergies and describe the typical reactions and how they are treated:
_____
_____
_____

7. Does your child have any medical problems other than his/her primary illness (such as asthma, vision/hearing loss, diabetes, etc.)? **Yes** **No**
If yes, please describe:
_____
_____
_____

You can either mail or drop off completed applications to:

Ted C. Wills Community Center
Attn: Healthy Lifestyle Fitness Camp
770 N. San Pablo Ave. Fresno, CA 93728

<u>The Application, Waiver, and Parent Agreement need to be turned in ASAP</u>
For any questions or concerns call: 621-6737

*Camp will run through the first two weeks of August for camping trips.
** Camp is limited to 100 participants. You will be contacted in late MAY with further

details.

CAMPER WRITTEN RESPONSE:

(To be turned in with Application)

The Healthy Lifestyle Fitness Camp will take 100 campers this summer. You are guaranteed to have a good time, make new friends and a memorable summer. This is our third summer, and we have not had one camper quit. Please use the space provided to tell us why YOU want to come to camp.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

WAIVER, RELEASE AND INDEMNITY AGREEMENT

For The Healthy Lifestyle Fitness Camp

For and in consideration of permitting _____ (print participant name) to participate in **The Healthy Lifestyle Fitness Camp** and those activities, operations and/or functions associated with the event, in the City of Fresno, County of Fresno, and State of California, beginning on **June 21, 2010 and ending on August 14, 2010** the Undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions for personal injury, property damage or wrongful death occurring to him/herself arising as a result of observing, participating and/or engaging in activities, operations and/or functions or any incidental thereto wherever or however the same may occur and for whatever period said activities of **The Healthy Lifestyle Fitness Camp** (event) may continue, and the Undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive, discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise from him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs executors, administrators and assigned prosecute, present any claim for personal injury, property damage or wrongful death against the City of Fresno and the Fresno County Office of Education or any of its officers, agents, servants, or employees for any of said causes of action, whether the same shall arise by the negligence of any said persons, or otherwise. IT IS THE INTENTION OF _____ (print participant name) BY THIS INSTRUMENT, TO HAVE AGREED TO THE ASSUMPTION OF THE RISK AND TO EXEMPT AND RELIEVE THE CITY OF FRESNO AND THE FRESNO COUNTY OFFICE OF EDUCATION, OR ANY OF ITS OFFICERS, AGENTS, SERVANTS OR EMPLOYEES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH SUFFERED BY UNDERSIGNED CAUSED BY PASSIVE OR ACTIVE NEGLIGENCE.

The Undersigned, him/herself, his/her heirs, executors, administrators or assigns to hold harmless, indemnify and defend the City of Fresno, its officials, members, agents and employees against any claims, costs, damages, demands, liability and notices, or any of these, liability and notices, arising out of performance under this agreement regardless of whether the City of Fresno is actively negligent or passively negligent, except for those claims, costs, damages, demands, liability and notices, or any of these, caused solely by the negligence or willful misconduct of the City of Fresno. Additionally, the undersigned voluntarily consents to use of Participant's photograph, name, image and likeness (Recordings), and waives and releases City of Fresno from any and all claims, causes, damages, liabilities and/or actions arising there from and/or relating thereto, whatsoever, provided said use shall be for non-commercial purposes in connection with advertising, administrative, programmatic and promotional activities and materials. In connection therewith, Participant grants a royalty-free, irrevocable permission to use, reproduce, publish, broadcast and distribute the Recordings.

The Undersigned acknowledges that he/she has read the foregoing two paragraphs, has been fully and completely advised of the potential dangers incidental to engaging in the activity, operation and/or function, and is fully aware of the legal consequences of signing the within instrument.

_____ _____

Signature of Participant Date

_____ _____

Signature of Parent or Guardian Date

_____Telephone Number (in case of emergency)

Parent and/or Guardian Agreement

In order to ensure your child's success while at camp, **one parent and/or guardian will be required to attend parent health and nutrition classes one night a week**. Since camp is free of charge, this commitment will be expected from parents and guardians.

Classes will be offered in English and Spanish. Starting June 22, classes will begin from 5:30pm-7:30pm Tuesday and Thursday nights for six weeks at the Ted C Wills Community Center. Thursday nights will be in Spanish.

These classes will be interactive and fun. Parents will learn concepts that their children are being taught while at camp. This will ultimately lead to a healthier and active lifestyle at home.

I _____(Guardian Name) Agree to attend parent classes once a week for six weeks starting the week of June 21st and ending the week of July 26th. I understand that there will be consequences if I do not attend these classes, which may affect my child's experience at camp.

_____ _____

Signature of Parent or Guardian Date

Circle One:

I will be attending Classes in English I will be attending classes in Spanish

Lastly Mark Your Calendars Now:

Dates, Time, and Location of **English** Parent Classes: Tuesdays 5:30pm-7:30pm; Ted C. Wills Cafeteria
June: 22, 29
July: 6, 13, 20, 21(Special Night) & 27

Dates, Time, and Location of **Spanish** Parent Classes: Thursdays 5:30pm-7:30pm; Ted C. Wills Cafeteria
June: 24
July: 1, 8, 15, 21(Special Night), 22 & 29

MEDICAL INFORMATION

(To be turned in before camp, at your earliest convenience)

The following questions are to be completed by a health care provider. Please be as detailed as possible. If you do not have one, call 621-6737 and we may be able to find a doctor to complete the physical free of charge.

Today's Date: _____

Camper's Name: _____Birth Date: _____
(First) (MI) (Last)

Primary Diagnosis:
_____

Secondary Diagnosis:
_____

1. Drug Allergies and Reactions:
_____
_____
_____
_____
_____

2. Other allergies (e.g. bee stings, animals, food) and significance:
_____
_____
_____
_____
_____

PHYSICAL EXAM
Ht _____ inches Weight _____lbs BMI _____ BP _____

3. Pertinent Findings:
_____
_____
_____
_____
_____

4. MEDICATIONS: Please List:
_____
_____
_____

5. Does this child have any physical limitations or restrictions? **Yes No**
If yes, please explain:

_____
_____
_____
_____
_____
_____

6. If diagnosis is asthma, please specify NIH classification:
Circle:
Mild Intermittent/ Mild Persistent/ Moderate Persistent/ Severe Persistent

7. Please list any surgeries:

_____
_____
_____

8. Please list any additional current medical problems or pertinent psychosocial information including any behavior problems that would affect the child's participation in a group (e.g. ADHD, depression, etc.).

_____
_____
_____
_____
_____

9. Does this child have braces or other mobility issues? **Yes** **No**
If yes, please explain:

_____

_____

10. Is the child developmentally appropriate for his/her age? **Yes** **No**
If NO, at what (approximate) age does child function? _____

11. Has the child ever had the chicken pox, shingles, or received the Varicella vaccine?
Yes **No**
Date of diagnosis or vaccination: _____

Physician's Statement: I have examined _____ and find him/her physically able to attend camp and participate in all sports and activities.

Comments:
_____
_____
_____

Signature of Provider Print Name: _____
Date: _____

Clinic Name Hospital Affiliation:
_____

(_____)_____ (_____)_____
Office Phone Emergency Phone
(_____)_____
Fax Number